



San Bernardino County Coordinated Entry System Guidebook

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San Bernardino County

Coordinated Entry
System Guidebook

Contents

San Bernardino County Coordinated Entry System Vision	4
Partner Organizations	5
Guiding Principles	6
Disclaimer	7
Target Population	7
Data Collection	7
Staffing Roles and Expectations	8
Fair Housing, Tenant Selection Plan, and Other Statutory and Regulatory Requirements	9
Evaluating and Updating CES Policies and Procedures	9
System Overview	10
Core Concepts	12
The Housing Assessment Process	14
Coordinated Entry Workflow	16
Receiving Program Responsibilities	17
Reasons for denial	18
Client Choice	19
Referrals to and from other systems not using HMIS	19
Housing Search and Stabilization Referrals	20
Move-In	21
Termination	22
Glossary	22
Appendix A-Prescreening Questions	26
Appendix B- Notice CPD-16-11-Written Standards for Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing	27
Countywide Housing Identification and Placement Team Composition	56
HIP Team Responsibilities	56
Collaborative Partner Agency (CPA) Responsibilities	56

Purpose and Background

The San Bernardino County (SBC) Continuum of Care (CoC) has developed and implemented following written standards for the Coordinated Entry System (CES) in accordance with

- 24 CFR Part 578 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Continuum of Care Program; Interim Final Rule;
- Emergency Solutions Grants Program (24 CFR 576);
- HUD's final rule on defining chronically homeless and homeless (24 CFR 91);
- HUD Notice CPD-16-011 on prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons in permanent supportive housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

The CES is a powerful tool designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness.

The SBC Continuum of Care has designed the *CES* described in this guide book to coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness throughout San Bernardino County. The *CES* institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Continuum of Care Program (24 CFR Part 578) describes in § 578.7 Responsibilities of the Continuum of Care, subsection (a) Operate the Continuum of Care (9), the Continuum of Care must:

"In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance." This subsection also states that at a minimum, written standards must include "policies and procedures for evaluating individuals' and families' eligibility for assistance" for:

1. permanent supportive housing;
2. rapid rehousing; and
3. emergency housing assistance

However, written standards for the San Bernardino CoC will also include:

4. coordinated entry;
5. seasonal shelter;
6. year-round shelter;
7. bridge housing; and

8. homeless prevention.

This guidebook is designed to meet the requirements of the HEARTH Act, under which, at a minimum, Continuums of Care must adopt written standards that include:

- (i) Policies and procedures for providing a “first stage of eligibility” to determine the best housing and services intervention for individuals and families;
- (ii) A specific policy to guide the operation of the CES on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, intimate partner violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers;
- (iii) Policies and procedures for evaluating individuals’ and families’ eligibility for assistance;
- (iv) Policies and procedures for determining and prioritizing which eligible individuals and families will receive emergency housing assistance;
- (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- (vi) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

San Bernardino County Coordinated Entry System Vision

When fully implemented, the SBC CES will:

- Provide a “no wrong door approach” to allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;
- Ensure that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs
- Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources and reduce new entries into homelessness through coordinated system wide diversion and prevention efforts
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met
- Foster increased collaboration between homelessness assistance providers
- Ensure clarity, transparency, consistency and accountability for system users
- Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

Partner Organizations

The following organizations are participating partners in the CES:

- United Way 211 (Coordinating Entity)
- Sheriff's HOPE Team (Outreach Entity)
- Inland Housing Solutions (Housing Search & Stabilization)
- Homeless Management Information System (HMIS)
- Community Action Partnership
- Catholic Charities
- Central City Lutheran Mission
- City Link
- Desert Manna
- Housing Authority of San Bernardino County
- Family Services of Redlands
- Foothill AIDS Project
- Frazee Community Center
- Global One Development Center
- High Desert Homeless Services
- House of Prayer Gospel Outreach
- Inland Valley Hope Partners
- KEYS – KEYS for Life/SSVF
- Life Community Development
- Lighthouse Social Service Centers
- Mercy House
- New Hope Village, Inc.
- Redland's Police Department
- Rialto Police Department
- Salvation Army
- Step Up on Second
- Time for Change Foundation
- U.S. Vets
- Victor Valley Family Resource Center

Guiding Principles

- We are a team in partnership with our clients, who are the center of our efforts.
- We are separate entities but support each other's operations as trusted partners invested in each other's success.
- Clear and comprehensive information sharing is essential to our mutual success.
- We agree to work together to coordinate and leverage rather than duplicate services and resources.
- Recognizing that this process is always a work in progress that we are all shaping, we commit to continual and honest evaluation and improvement of the system. Rather than dwelling on what isn't perfect yet, we will collaborate at least monthly on ways to ensure continuous improvement.
- Because our clients are in a crisis situation, we will ensure that our response time to each other is timely. This means a "system" rather than "person" approach which ensures that someone in each organization responds regardless of individual staffing issues.
- Recognizing that housing is ultimately the solution for our clients in crisis, we will work collectively to create more housing stock specific to the needs of those we serve.

To achieve these objectives, the *CES* includes:

- A **uniform and standard assessment process** to be used for all those seeking assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those living in shelters, on the streets, or places not meant for human habitation;
- Establishment of **uniform guidelines** among entities of homeless assistance (transitional housing, rapid rehousing, and permanent supportive housing) regarding: eligibility for services, priority populations, expected outcomes, and targets for length of stay;
- Agreed upon **priorities for accessing homeless assistance**;
- **Referral policies and procedures** the system of coordinated access to homeless services providers to facilitate access to services;

The implementation of the *CES* necessitates significant, community- wide change. To help ensure that the system will be effective and manageable for homeless persons and persons at-risk of homelessness and for the housing and service providers tasked with meeting their needs, a comprehensive group of stakeholders has been and continues to be involved in its design.

In addition, particularly during the early stages of implementation, the Continuum of Care anticipates adjustments to the processes described in this guide book. A periodic evaluation of the CES will provide ongoing opportunities for stakeholder feedback. The *Interagency Council on Homelessness* will be responsible for monitoring the *Coordinated Entry System*.

Disclaimer

The CES is designed to assess eligibility for housing programs targeted to homeless persons. It is not a guarantee that the individual will meet the final eligibility requirements for - or receive a referral to - a particular housing option. Further, the CES is permission based, meaning that clients must agree to participate in and receive CES services.

Target Population

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definition.¹

- Literally Homeless (HUD Homeless Definition Category 1):
- At imminent risk of homelessness (HUD Homeless Definition Category 2)
- Homeless under other Federal statutes (HUD Homeless Definition Category 3)
- Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)
- People at imminent risk of becoming homeless, according to the HUD definition, within the next 72 hours.

People who think they have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community. More directly, applicants may be offered housing regardless of vulnerability score, but the more vulnerable persons will be offered housing before non-vulnerable.

Data Collection

Data will be collected on everyone who is assessed through the coordinated assessment process. This section, in addition to instructions embedded within the assessment tool, will detail when and how data about clients going through coordinated assessment will be collected.

Once a client has been asked the Pre-screening Questions and is deemed eligible to be assessed, the assessment staff member will show the client the data confidentiality form explaining what data will be requested, how it will be shared, who it will be shared with, and what the client's rights are regarding the use of their data. Assessment staff will be responsible for ensuring clients understand their rights as far as release of information and data confidentiality. If the client is unwilling to permit the sharing of his or her personal

¹ The definition is available here:

https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

information Mainstream resources will be provided; individuals will reach out to the agencies they choose to assist them with housing.

Staffing Roles and Expectations

Recognizing the need to stimulate community-wide planning and coordination of programs for individuals and families who are homeless, the U.S. Department of Housing and Urban Development (HUD) in 1994 instituted a requirement for communities to come together to submit a single, comprehensive application for HUD funds for housing and support services for people who have experienced homelessness.

The organizational concept to embody this effort is the Continuum of Care (CoC), which is governed by a Steering Committee composed of representatives from across the community. As a result of its strong leadership, access to resources and high visibility in the community, the San Bernardino County Interagency Council on Homelessness serves as this region's lead agency for the CoC, and its purpose is to:

- Help create integrated, community-wide strategies and plans to prevent and end homelessness;
- Provide coordination among the numerous regional organizations and initiatives that serve the homeless population, and

Coordinating Entity – United Way 211 is the designated *Coordinating Entity*. The *Coordinating Entity* is responsible for the day-to-day administration of the *CES*, including but not limited to the following:

- Creating and widely disseminating materials regarding services available through the *CES* and how to access those services;
- Designing and delivering training at least annually to all key stakeholder organizations
- Ensuring that pertinent information is entered into HMIS for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments;
- Managing case conferences to review and resolve denial of services decisions by Receiving Housing Programs and refusals by clients to engage in a housing plan in compliance with Receiving Housing Program guidelines;
- Managing an eligibility determination appeals process in compliance with the protocols described in this guide book;
- Managing guide book processes as necessary to enable participation in the *CES* by providers not participating in HMIS;
- Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency in order to remain accountable to clients, referral sources, and homeless service providers throughout the coordinated access process;
- Periodically evaluating efforts to ensure that the *CES* is functioning as intended;

- Making periodic adjustments to the *CES* as determined necessary;
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
- Updating policies and procedures.

Project Manager – The *Coordinating Entity* staffs the *Coordinated Access Project Manager* position. The project manager role includes management of the *CES*, including but not limited to the following:

- Serving as point person and lead to all workgroups and transition teams
- Providing *CES* training to participating agencies
- Report generating
- Communicating to user agencies and outreach coordinators
- Responding to email generated questions
- Monitoring system performance

Fair Housing, Tenant Selection Plan, and Other Statutory and Regulatory Requirements

The Coordinating Entity will take all necessary steps to ensure that the *CES* is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities. The *CES* complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).

All Authorized User Agencies who enter into an MOU for the *CES* agree to take full accountability for complying with Fair Housing and all other funding and program requirements. The MOU requires User Agencies to use the *CES* in a consistent manner with the statutes and regulations that govern their housing programs.

Evaluating and Updating *CES* Policies and Procedures

The implementation of the *CES* necessitates significant, community- wide change. To help ensure that the system will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, the Continuum of Care anticipates adjustments to the processes described in this guide book. To inform those adjustments, the *CES* will be periodically evaluated, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Referral and

Receiving Housing Program work groups convened and managed by the *Coordinating Entity*. Specifically, the *Coordinating Entity* is responsible for:

- Leading periodic evaluation efforts to ensure that the *CES* is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the *CES* as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the *CES* is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements

Evaluation efforts shall be informed by metrics established annually by the *Coordinating Entity*, in conjunction with the *CoC* and *Coordinated Entry System Partner Organization*.

These metrics shall include indicators of the effectiveness of the functioning of the *Coordinated Entry System* itself, such as:

- Wait times for initial contact
- Extent to which expected timelines described in this guide book are met
- Number/Percentage of referrals that are accepted by Receiving Housing Programs
- Number/Percentage of persons declined by more than one (1) provider
- Number/Percentages of *Eligibility and Referral Decision* appeals
- # of program intakes not conducted through *CES*
- Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of the *CES* on system-wide Continuum of Care outcomes, such as:

- Reductions in long term chronic homeless
- Reduction in family homelessness
- Reductions in returns to homelessness
- Reduced rate of people becoming homeless for first time

System Overview

The following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system.

System Entities include:

A. Housing Outreach

Housing outreach will ensure that people living in unsheltered locations are prioritized for help by providing essential services necessary to “connect them with emergency shelter,

housing, or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility,” as noted in 24 CFR 576.101 Street Outreach Entity. Persons with the longest histories of homelessness and the most extensive needs, however, will have the highest priorities.

B. Assessment

The CES is intended to facilitate access to the most appropriate housing intervention for each household’s immediate and long-term housing needs and ensure that scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest.

An initial Pre-screening will be conducted by all CES Partners, then an intake and assessment will be completed by first entering persons who are homeless into the Homeless Management Information System (HMIS) which will include administering the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the assessment tool to assess and prioritize single individuals experiencing homelessness (the family version of the assessment, the F-VI-SPDAT, will be used for families). Prioritization is based on vulnerability across five Entitys: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) wellness – including chronic health conditions, substance usage, mental illness, and trauma and (e) family unit (if applicable).

C. Enrollment into Housing Program Case Management

Housing Programs will provide case management to address client needs and supportive services clients are eligible for directly from the program and/or with a referral to services.

D. Housing Search & Stabilization (Housing Navigation)

Housing navigation includes the definition by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 576 - Emergency SOLUTIONS GRANTS PROGRAM § 576.105 Housing relocation and stabilization services which are as follows:

(1) Housing search and placement. Services or activities necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing, include the following:

- Assessment of housing barriers, needs, and preferences;
- Development of an action plan for locating housing;
- Housing search;
- Outreach to and negotiation with owners;
- Assistance with submitting rental applications and understanding leases;
- Assistance with obtaining utilities and making moving arrangements; and
- Tenant counseling.

The San Bernardino County Housing Search and Stabilization Entity is designed to work in collaboration with participating Continuum of Care (CoC) and Homeless Partnership agencies to implement a coordinated system designed to connect individuals and families experiencing homelessness throughout the county with safe decent and affordable housing.

Types of Assistance Provided

Housing Search & Stability Entity shall work in collaboration with participating partner agencies and service providers to assist participating households with the following:

- Housing Identification and Placement
- Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness.
- Address potential barriers to landlord participation such as concern about nature of rental assistance and tenant qualifications.
- Help individuals and families experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources.
- Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues).
- Help individuals and families find and secure suitable rental housing and negotiate manageable and appropriate lease agreements with landlords.

Eligible households include literally homeless individuals and families prioritized for permanent housing assistance (permanent supportive housing or rapid rehousing) through the CoC Coordinated Entry System and/or receiving permanent housing resources from a CoC participating agency.

At-Risk of homelessness households are provided mainstream resources, appropriate referrals, along with diversion questionnaire allowing the client to brainstorm housing options and resources that address their immediate need.

Core Concepts

A. Housing First Approach

A Housing First approach will be implemented that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold.

What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach centers on providing people in housing crisis with housing quickly and then providing services as needed.

This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve and will include supportive services; however, participation in these services is based on the needs and desires of program participants.

Housing First programs share critical elements:

- There is a focus on helping individuals and families access and sustain rental housing as quickly as possible;

- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need; and
- Housing is not contingent on compliance with services – instead, participants must comply with a lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

B. Low Barrier Approach

A low barrier approach will be implemented that will remove the following barriers that screen out potential participants from obtaining housing based on those clients possessing

- too little or little income;
- active or history of substance use;
- criminal record, with exceptions for state-mandated restrictions; and
- history of having been or currently a victim of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)."
- A low barrier approach will also remove the following barriers that may terminate residents from their housing and prevent them from maintaining their housing:
- Failure to participate in supportive services;
- Failure to make progress on a service plan;
- Loss of income or failure to improve income;
- Fleeing domestic violence; and
- Any other activity not covered in a lease agreement typically found in the project's geographic area.

C. Client Centered Service Methods

The CES will ensure housing and service options are tailored to meet the unique needs of each individual or family presenting for services and that program participants have access to the services that they reasonably believe will help them achieve their goals. However, program participants should not be required to participate in services and cannot be required to participate in disability-related services.

The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.

D. Bridge Housing

Bridge housing is temporary housing that is in contrast to shelters and transitional housing programs that have "housing-ready models" in which residents must address various issues (e.g., substance abuse) that led to their episode(s) of homelessness prior to entering permanent housing. Thus, treatment and compliance is required in exchange for help with obtaining permanent housing. In bridge housing, however, there are no preconditions such as sobriety. Residents work with housing specialist (as noted below) to move into

permanent housing as quickly as possible and receive home-based supportive services including substance abuse services if agreed upon and needed.

The Housing Assessment Process

A. Initial Client Contact

Whether the client contacts a partner organization in person or by phone, the partner screening and referral process consists of 4 simple steps:

1. Client in housing crisis contacts partner organizations.
2. Partner organizations will verbally ask the Prescreening Questions detailed in Appendix A.
3. If the answers to the Prescreening Questions indicate the client may appropriate for the CES, make a referral to the Housing Coordinating Entity by contacting **2-1-1** to continue with the process.
4. If not, providers would proceed with the client as they normally would, based on their organization policies and procedures.

B. Enrollment in the CES

The first steps in the Coordinated Entry System are gathering the Universal Data Elements, obtaining consent and conducting the VI-SPDAT pre-screen assessment.

The VI-SPDAT takes about 15-25 minutes to complete, asks a broad range of questions about a person's housing history, vulnerability, service needs and provides an initial indication of the type of housing assistance a person will likely need: Affordable Housing, Rapid Re-housing, or Permanent Supportive Housing.

C. Matching Process

How a person scores on the VI-SPDAT will guide housing resource recommendations. If an individuals' assessment indicates:

How a person scores on the VI-SPDAT will guide the housing coordinator recommendations to make the appropriate match and referral. If an assessment:

- Scores 0-3 Individual or 0-3 Families, an Affordable Housing (AH) referrals will be provided. Additionally, a referral to any population-specific housing resource that apply to them (i.e. senior housing, veteran housing, etc.). "We are NOT required to offer housing intervention at this time". **IF** a family or a Veteran scores 0-5, they may be eligible for RRH programs.
 - a. Families may also qualify for Cal-Works housing programs, No Child Left Unsheltered (NCLU) or other mainstream resources.

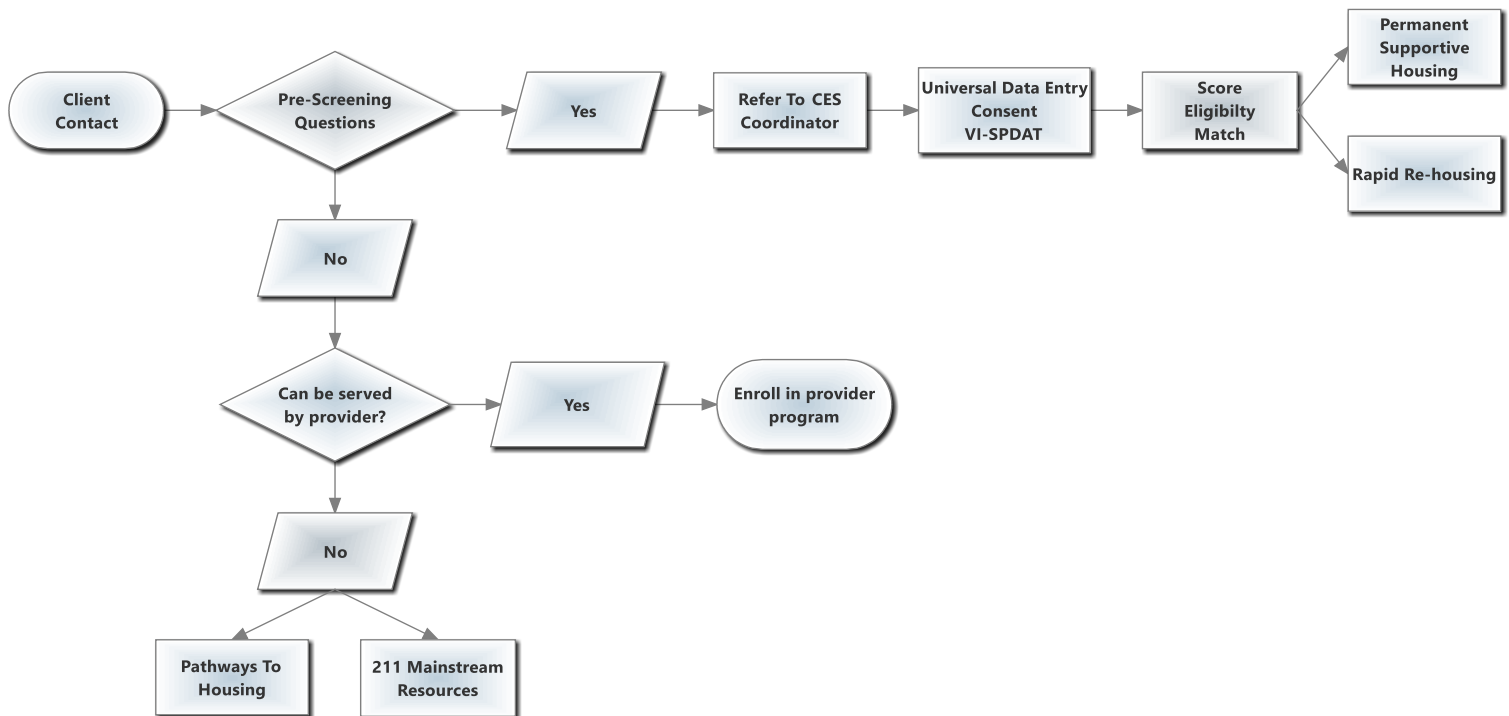
- b. Veterans may also qualify for Supportive Services for Veterans Families (SSVF), VA benefits and other mainstream resources.
- Scores 4-7 Individual or 4-8 Families, a Rapid Re-Housing (RRH) referrals will be provided. Additionally, a referral to AH program and any population-specific housing resource that apply to them. **IF** they meet Chronically Homeless criteria (see below), they may be eligible for PSH.
 - Example: If clients scores for RRH and meet the following criteria, they should also be referred to PSH programs. {Based on Availability}
 - ✓ have been continuously homeless for 1 year or more
 - ✓ or has had 4 episodes in the last 3 Years
 - ✓ and has a diagnosable chronic disability
- Scores 8+ Individuals or 9+ Families, a Permanent Supportive Housing (PSH) referral will be provided. Additionally, a referral to AH program and any population-specific housing resource that apply to them. (Must have a diagnosable disability)

D. General Resources

Based on assessment answers, referrals to Employment, Mental Health, Substance Abuse, Health, Domestic Violence, Legal Assistance, Food Assistance, Literacy and any other mainstream resources should be provided to individuals.

Coordinated Entry Workflow

The workflow below outlines the CES Assessment Workflow Process:



Once the client is referred to 211 Housing Coordinators (HC) will enter them into Coordinated Entry Workflow in HMIS. The system will provide recommendation, based on the score reflected on the VI-SPDAT. Housing Coordinator will consider all factors and make the best match into the Receiving Housing program. HC will continuously identify any basic needs to include Emergency Shelter, Transitional Housing, Motel Voucher or any beds available until housing is identify; based on programs availability.

1. Clients will be assessed and prequalified into available housing programs (Ref. Matching Process, pgs. 14 & 15).
2. Housing Coordinator (HC) refers the client to the Receiving Housing Program. Coordinator will contact with via email, phone and through HMIS. Only non-identifiable information will be shared (Use HMIS Client ID #).
3. Receiving Program (RP) will acknowledge receipt of referral and contact the client within 48 business hours.
4. RP will schedule an intake appointment within 5 business days (Ref. Receiving Responsibilities A, pg. 17 ↓).
5. Coordinator will continue to follow-up with both client and referred program until HMIS reflects enrollment.
6. RP will make a determination for Enrollment or Non-Enrollment (Ref. Receiving Responsibilities C, pg. 18↓). If client is enrolled in program;
7. RP can contact the Housing Search and Stabilization Entity to coordinate housing identification and placement (Ref. Housing Search and Stabilization Referrals, pg. 20↓).

8. If no program is available when matching the client, they will go on a working list.
9. Working list – The working list for permanent housing services consists of the following:
 - Clients are prioritized based on target population and VI- SPDAT score.
10. HC pulls the working list data every weekly.
11. Once a housing program indicates open availability, HC starts the process of contacting the client who is next on the working list & matches to the housing program requirements. (i.e. TH, RRH, PSH)
12. HC attempts to make contact with the client for three (3) business days.
13. If the client cannot be contacted within that timeframe, then staff move on to the next client on the working list.
14. Once staff makes contact with the client, the client must decide “immediately” if they want to continue with the next steps.
15. If the client accepts, the HC will arrange referral and facilitate intake appointment with the program.
16. If the client declines, depending on the circumstances for not accepting housing referral at this time, we (HC) will re-determined their placement on the working list (if applicable).
17. The HC will begin the process with the next eligible client on the working list.
18. Once the client accepts, HC will begin the housing referral process (ref. # 2 ↑ on Coordinated Entry Workflow).

Receiving Program Responsibilities

A. Initial Contact

The Receiving Housing Program makes contact with the client within 48 business hours. If the client misses the appointment, Receiving Housing Programs will schedule a new intake appointment within 5 business days and should hold the opportunity until the intake appointment is concluded. Clients who have missed a second appointment will be redirected to the Housing Coordinators to determine next steps. Coordinator will provide next eligible client on the working list to the program.

B. Response Time and Hours of Operation

When the Housing Coordination Entity team contacts the Receiving Housing Provider for a client placement request, the timeframe for responding regarding a client is within 48 hours on a normal business day between the hours of 9 a.m.-4 p.m. On non-business days, (weekends, holidays, etc.), the response time is the next business day after the non-business day.

C. Enrollment Determination

Receiving Housing Programs for Emergency Shelter (ES), Transitional Housing (TH), and Rapid Re-housing (RRH) make eligibility determination decisions within one business day

of the intake interview; Permanent Supportive Housing Program (PSH) will determine eligibility when all required document are in place. A copy of the intake decision notification is provided to the client presenting for services.

- first available move-in date, if applicable; and
- If for any reason the client cannot enter the program, they will include a reason for denial by client or program in writing; completing the form of Non-Enrollment Notification (which includes redirection to the Housing Coordinator), if applicable.
- instructions for appealing the decision.

Reasons for denial

Receiving Housing Programs may only decline individuals and families found eligible for and referred by the Housing Coordinator under limited circumstances including:

1. there is no actual vacancy available; Incase scatter site housing program there is no actual funding is available
2. the individual or family missed two intake appointments with no notice;
3. the household presents with more people than referred by the Housing Coordinator and the Receiving Housing Program of Emergency Shelter, Transitional Housing and project base Permanent Supportive Housing cannot accommodate the increase;
4. Client is determined to be not literally homeless;
5. Client is over the income limits for San Bernardino County AMI (Area Medium Income) if applicable;
6. If client needs are determined to be at a higher level of care from what the program is able to accommodate;
7. Client demonstrated abusive and aggressive behavior, where intervention by the Housing Coordinator was not successful, (mediation will apply);
8. the individual or family was denied by housing providers due to certain criminal behaviors; or
 - based on their individual program policies and procedures the Receiving Housing Program has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.
9. Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services. If the ineligible client has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the Receiving Housing Program must notify the Housing Coordinator, refer the client back, and document that outcome in HMIS. Reason for denial will be submitted using the Non-Enrollment Notification form, the same day the decision was made (copy should be provided to the client).
10. In all cases of denial the reason must be clearly provided and documented through HMIS

Client Choice

Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on this decision. For example, clients may decline participation in programs requiring sobriety.

Referrals to and from other systems not using HMIS

The CES appropriately addresses the needs of Veterans and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

- Domestic Violence (DV) – When a homeless or at-risk individual/household is identified by the Coordinated Entry System to be in need of domestic violence services, that individual/household is referred to the domestic violence hotline immediately. If the individual/household does not wish to seek DV specific services, the individual/household will have full Entry to the Coordinated Entry System, in accordance with all protocols described in this guidebook. If the DV helpline determines that the individual/household seeking DV specific services is either not eligible for or cannot be accommodated by the DV specific system, Client will contact the Housing Coordinator to be assessed into the CES. CES will call and verify with Victim Service Providers that there indeed is no room or services available for the client and provide full Entry to the Coordinated Entry System. CES certifies in writing that the individual made an oral statement that they are feeling, or attempting to flee a domestic violence, dating violence sexual assault or stalking, or any other dangerous or life threatening conditions related to violence; Lack resources or support networks necessary to obtain permanent housing or hasn't identified other subsequent residence.
- Veterans – When a person facing homeless is identified as a Veteran by the Coordinated Entry System or participating parties (Outreach) will ask additional questions concerning service era, service branch, length of service, and discharge status. If eligible for VA services, the Veteran will be given a dual referral option to the VA Drop-In Center (for VASH or GPD) screenings and Supportive Services for Veterans Families (SSVF). If Veteran are not eligible for VA healthcare services Veteran will be referred to an SSVF provider only. If Veteran ineligible for all Veteran programs they will continue in the CES for next steps.

For residents who might fall through the gaps in funding for the initial prioritization, we will also work with the Pathways to Housing Network (which incorporates the existing efforts of the Sheriff's HOPE Team and the Homeless Provider Network) to leverage non-COC funded resources such as faith-based and room and board.

The target population for Pathways to Housing Network pilot project includes households with children under 18 years-old (including TAY youth), seniors and adults with disabilities currently experiencing or at-risk to becoming homeless in San Bernardino County.

Housing Search and Stabilization Referrals

Once client is enrolled and assigned to Case Management they can be referred to Housing Search & Stabilization Entity. Eligible Services for Client Enrolled in Programs responsibilities as follows:

Housing Search and Stabilization Responsibilities:

The Housing Search and Stabilization Entity Lead Agency shall be responsible for (but not limited to) the following:

Landlord Recruitment and Retention Services

Identify and build relationships with rental property owners and operators throughout the County to establish a variety of housing options for service-engaged households and establish a centralized vehicle for receiving vacancy updates and responding to landlord-tenant concerns as they arise.

Housing Search and Placement Services

Lead a multi-agency team of housing specialists with backgrounds in real estate and rental housing management to provide housing search and placement services to service-engaged households identified through the Coordinated Entry System and/or receiving permanent housing assistance (permanent supportive housing and/or rapid re-housing) from SBC CoC participating agencies, including all HUD CoC and ESG funded programs.

Coordination with Participating Service Agencies

Establishing collaborative partner agreements with participating agencies to deliver Memorandum of Understanding with agencies delineating requirements, roles and responsibilities for participation in the coordinated CES Housing Search and Stabilization Entity.

Receiving Housing Program Responsibilities:

Receiving Housing Program shall be responsible for (but not limited to) the following:

Enrolling Participants in Permanent Housing Services

Enroll individuals and families assigned through the Coordinated Entry System into their permanent housing program, assist them with overcoming immediate barriers to obtaining

stable housing, including bridge housing if needed, and connect them with the Housing Identification Team. All outcomes are tracked on HMIS.

Obtain Participants Proper Homeless Verification Documents

- Disabled Participants – Receiving Housing program documents acceptable evidence that participant has a qualifying disability. Obtaining documents like: written verifications from a professional Licensed by the state to diagnose and treat the disability, written verification from the Social Security Administration, the receipt of a disability check, intake staff self-recorded observation of the disability, or any other documentation approved by HUD.
- Youth and Families – Receiving Housing program documents that there is evidence that client has a homeless status signed by local private nonprofit organization or state or local governmental entity responsible for administering assistance under that status. Proof that participant doesn't have a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days preceding the date of application for homeless assistance. Any confirmation that program participant has persistent instability to continue for an extended period of time because of: Chronic disability, chronic physical health, mental health conditions; Substance abuse; history of domestic violence..etc.

Housing Stabilization Case Management

Work in collaboration with the HSS Lead Agency and participant household to establish and implement a customized housing identification and stabilization plan. Assist household with direct services and linkage to mainstream resources and community-based services needed by household to achieve independent living and maintain long-term housing stability.

Tenant-based Rental Assistance

Ensure availability and timely access to funding to cover move-in costs, deposits, utilities and the rental subsidy assistance necessary to allow participant households to move immediately out of homelessness and to stabilize in permanent housing.

Move-In

If the homeless individual or family is accepted, the Receiving Program must document that acceptance in HMIS timely manner. If the client does not move-in as scheduled or within three (3) business days of the original move-in date, the Receiving Program will notify the Housing Coordinator with updates in the housing placement progress.

Termination

Any Authorized User Agency may terminate their participation in the CES by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

Glossary

Terms used throughout this guide book are defined below:

Chronically Homeless.

The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(1) (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition):

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to

live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights **Act of 2000 (42 USC 15002)**. Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where(s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

At imminent risk of homelessness (HUD Homeless Definition Category 2)

Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Homeless under other Federal statutes (HUD Homeless Definition Category 3)

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-

day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)

Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Provider – Organization that provides services or housing to people experiencing or at-risk of homelessness

Program – A specific set of services or a housing intervention offered by a provider

Client – Person at-risk of or experiencing homelessness or someone being served by the coordinated assessment process

Housing Interventions – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs

Vulnerability Index

The Vulnerability Index™ (VI) is an assessment tool used to identify members of the homeless population who are considered medically vulnerable and who will face an increased risk of mortality if homelessness persists, however they may still be eligible for PSH. Six-months or more of homelessness in combination with one or more of the markers detailed below will give someone a vulnerability score (1 or greater):

1. Three or more hospitalizations or emergency room visits in a year
2. Three or more emergency room visits in the previous three months
3. Aged 60 or older
4. Cirrhosis of the liver
5. End-stage renal disease
6. History of frostbite, immersion foot, or hypothermia
7. HIV+/AIDS
8. Tri-morbidity: co-occurring psychiatric, substance abuse, and chronic medical condition (asthma, cancer, diabetes, etc.)

A vulnerability score (e.g. 0) is not assigned to persons who are homeless for six months but have none of the markers listed above. Additionally, homeless persons who have less than six months of homelessness but who have the above medical risks are assigned a score of zero.

Homeless Management Information System

A Homeless Management Information System (HMIS) is a database used to record and track client-level information on the characteristics and service needs of homeless persons. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system.

The U. S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Each participating agency needs to follow certain guidelines to help maintain data privacy and accuracy.

Housing First

A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

Appendix A-Prescreening Questions

CES Prescreening Questions

Domestic Violence:

1. Are you seeking services today because you are concerned about your safety related abuse and experience domestic or intimate partner violence?

- a. Yes b. No c. Confused

Instruction: If Question #1 is “Yes” then refer the client to the Domestic Violence Program

Pre-Screening:

1. Do you want help with housing today?
2. Where are you currently staying?
3. Where did you sleep last night?
4. Where are you going to sleep tonight?

If #1 and #2 “state a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground” Or “hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals.”

If the answers indicate a referral to the Housing Coordination Entity, then simply refer the client to 211 CES Contact List. No entry into HMIS is needed.

Refer Client to the CES Housing Coordinator at 211 OPT 42 or Hotline 909-912-6112

OUT-REACH Pre-Screening:

1. Do you need help with housing?
2. Where did you sleep last night?
3. Where will you sleep tonight?
4. Observer: Are there any visible signs of a disability mental or drug/alcohol addiction?

If #1 and #2 “state a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground” Or “hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals. “Continue with the Additional Questions and the VI-SPDAT

Appendix B- Notice CPD-16-11-Written Standards for Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

The San Bernardino County (SBC) Coordinated Entry System will adhere to Notice CPD-16-11-Written Standards for Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant portions of the notice read as follows:

U.S. Department of Housing and Urban Development Office of Community Planning and Development

Notice: CPD-16-11 Issued: July 25, 2016

Expires: This Notice is effective until it is amended, superseded, or rescinded

Cross Reference: 24 CFR Parts 578 and 42 U.S.C. 11381, *et seq.*



Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

Purpose

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD- 14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards.

Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (*Opening Doors*), in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. To end chronic homelessness, it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

Goals of this Notice

The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH.

In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice revises the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule. CoCs are strongly encouraged to adopt and incorporate them into the CoC’s written standards and coordinated entry process.

HUD seeks to achieve two goals through this Notice:

- Establish a recommended order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority.
- Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.

Applicability

CoCs are strongly encouraged to incorporate the order of priority described in this Notice into their written standards, which CoCs are required to develop per 24 CFR 578.7(a)(9), for their CoC Program-funded PSH. Recipients of CoC Program funds are required to follow the written standards for prioritizing assistance established by the CoC; therefore, if the CoC adopts these recommended orders of priority for their PSH, all recipients of CoC Program-funded PSH will be required to follow them as required by their grant agreement.

CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice.

Lastly, where a CoC has chosen to not adopt HUD's recommended orders of priority into their written standards, recipients of CoC Program- funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

Severity of Service Needs

This Notice refers to persons who have been identified as having the most severe service needs.

For the purposes of this Notice, this means an individual for whom at least one of the following is true:

- History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

When applicable, CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high- need, high cost beneficiaries.

Severe service needs as defined above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the CoC's geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Notice, if it has been adopted into the CoC's written standards. The bed will continue to be a dedicated bed, however, so when that bed

becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area at that time. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the grant agreement.

All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria. Projects located in CoCs where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified area.

For example, if a Balance of State CoC has chosen to divide the CoC into six distinct regions for purposes of planning and housing and service delivery, each region would only be expected to prioritize assistance within its specified geographic area.

The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on "Defining Chronically Homeless", which was published on December 4, 2015 and went into effect on January 15, 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years.

HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this

Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program- funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area.

Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority of this Notice to the extent in which persons with serious mental illness meet the criteria.

In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority for persons with a serious mental illness.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH.

CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

1. *First Priority*—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

2. *Second Priority*—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has

been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

3. *Third Priority*—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

4. *Fourth Priority*—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. Of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see [FAQ 1895](#)).

Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH

and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system (referred to in this Notice as coordinated entry or coordinated entry process) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use a coordinated entry process to ensure that there is a single prioritized list for all CoC Program-funded PSH within the CoC. The [Coordinated Entry Policy Brief](#), provides recommended criteria for a quality coordinated entry process and standardized assessment tool and process. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the length of time an individual or family has been experiencing homelessness and the severity of needs of an individual or family.

Written Standards for Creation of a Single Prioritized List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process, which should also be informed by the CoCs street outreach. Adopting this into the CoC's policies and procedures for coordinated entry would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. The [Coordinated Entry Policy Brief](#), provides recommended criteria for a quality coordinated entry process and standardized assessment tool.

Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24

Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice

24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

- *Evidence of Severe Service Needs.*

Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case- conferencing decisions.

- *Evidence that the Recipient is following the CoC's Written Standards for Prioritizing Assistance.*

Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

- *Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.*

When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available.

This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.

When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.



Notice: CPD-17-07 Issued: January 23, 2017

Expires: This Notice is effective until it is amended, superseded, or rescinded

Cross Reference: 24 CFR Part 578, 42 U.S.C. 11381, *et seq.*, 24 CFR Part 576, and 42 U.S.C. 11371, *et seq.*, Notice CPD014-12, 42 U.S.C. 13925, *et seq*

I. Purpose

Under the authority of 24 CFR 578.7(a)(8), this Notice establishes new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system. It also provides guidance on additional policies that CoCs and ESG recipients should consider incorporating into written policies and procedures to achieve improved outcomes for people experiencing homelessness. The CoC and ESG Program interim rules use the terms “centralized or coordinated assessment” and “centralized or coordinated assessment system;” however, HUD and its Federal partners have begun to use the terms “coordinated entry” and “coordinated entry process.” “Centralized or coordinated assessment system” remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD’s other written materials, the Notice uses the term “coordinated entry” or “coordinated entry process.”

A. Background

In June 2010, the United States Interagency Council on Homelessness published Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, 1 in which HUD and its Federal partners set goals to end veteran and chronic homelessness by 2015, 2 and end family and youth homelessness and set a path to end all homelessness by 2020. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the plan’s key objectives and strategies. Although a relatively new concept at the time, communities had already begun to develop and operate coordinated entry processes independently in response to the same conditions identified by the plan, many through the implementation of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) under Title XII of the American Recovery and Reinvestment Act of 2009.

HUD requires each CoC to establish and operate a “centralized or coordinated assessment system” (referred to as “coordinated entry” or “coordinated entry process”) with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease

of access to resources, including mainstream resources. Both the CoC and ESG Program interim rules require use of the CoC's coordinated entry process, provided that it meets HUD requirements. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Since the CoC Program interim rule was published in 2012, HUD has learned a great deal about what makes a coordinated entry process most effective and has determined that additional requirements are necessary. This Notice establishes those additional requirements.

1 Amended in 2012 and 2015. <https://www.usich.gov/opening-doors>

2 The goal of ending chronic homelessness has been extended to 2017.

3 Authority established in 24 CFR 578.7(a)(8), "This system must comply with any requirements established by

B. Applicability and Deadlines for Compliance

This Notice establishes additional requirements for coordinated entry, as authorized under 24 CFR 578.7(a)(8). Each CoC must establish or update its coordinated entry process in accordance with the requirements of 24 CFR 578.7(a)(8) and this Notice by January 23, 2018. As required under 24 CFR 576.400(d) and 578.7(a)(8), each CoC and each ESG recipient operating within the CoC's geographic area must also work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance established under 24 CFR 576.400(e).

Once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), all CoC program recipients and subrecipients must begin using that process as required under 24 CFR 578.23(c)(9) and (11). However, as provided in section 578.23(c)(9), a victim service provider may choose not to use the CoC's coordinated entry process, if victim service providers in the area use a coordinated entry process that meets HUD's requirements and the victim service provider uses that system instead.

Similarly, once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), HUD will expect that coordinated entry process to be used for all ESG programs and projects within the geographic area as required under 24 CFR 576.400(d). To be clear, however, section 576.400(d) allows but does not require victim services providers under ESG to use the CoC's coordinated entry process.

C. Key Terms

1. **Affirmative Marketing and Outreach.** The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who

are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

2. “Coordinated Entry Process” and “Centralized or Coordinated Assessment System.” The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following:

“...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool...”

For the purpose of this Notice, HUD considers the terms “Centralized or Coordinated Assessment System” and “Coordinated Entry Process” to be interchangeable.

3. Access Points. Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples:

- a. a central location or locations within a geographic area where individuals and families present to receive homeless housing and services;
- b. a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area;
- c. a “no wrong door” approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC;
- d. a specialized team of case workers that provides assessment services at provider locations within the CoC; or
- e. a regional approach in which “hubs” are created within smaller geographic areas.

4. Distinct elements of the assessment and referral processes. The processes of assessment, scoring, prioritization and determining eligibility comprise four distinct elements of the coordinated entry process that connect coordinated entry participants to potential housing and services.

a. *Assessment*. In the context of the coordinated entry process, HUD uses the term “Assessment” to refer to the use of one or more standardized assessment tool(s) to determine a household’s current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance. Assessment tools often contain a range of questions and can be used in phases to progressively engage a participant over time. See the Additional Policy Considerations Section III.C. for more information on assessment processes and tools.

b. *Scoring*. In the context of the coordinated entry process, HUD uses the term “Scoring” to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an “Assessment Score” for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process (see Section I.C.4.c), the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional Page 5 consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors. See the Additional Requirements Section II.B.3. for more information on the weighting of assessment scores.

c. *Prioritization*. In the context of the coordinated entry process, HUD uses the term “Prioritization” to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.

d. *Determining eligibility*. In the context of the coordinated entry process, determining eligibility is a project-level process governed by written

standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, i.e., after or concurrently with the assessment, scoring, and prioritization processes, as long as that eligibility information is not being used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

D. Non-Discrimination Requirements

The CoC must develop and operate a coordinated entry process that permits recipients of Federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

II. Requirements for a Coordinated Entry Process

Per the requirements at 24 CFR 578.7(a)(8) and the definition of a “centralized or coordinated assessment system” at 24 CFR 578.3, a CoC’s coordinated entry process must:

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

This section also requires the coordinated entry process to comply with any additional requirements established by HUD through Notice. Section II.B. of this Notice establishes these additional requirements.

B. CoCs Must Incorporate Additional Requirements into Their Coordinated Entry Process

Each CoC must incorporate additional requirements into their written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in this section:

1. **Full coverage.** Provisions at 24 CFR 578.3 require that a CoC’s coordinated entry process cover the CoC’s entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following: a. the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and b. how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in

situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different

2. Use of Standardized Access Points and Assessment Approaches.

a. Unless otherwise provided in this Notice, the coordinated entry process must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. The coordinated entry process may, but is not required to include separate access points and variations in assessment processes to the extent necessary to meet the needs of the following five populations:

- (1) adults without children;
 - (2) adults accompanied by children;
 - (3) unaccompanied youth;
 - (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
 - (5) persons at risk of homelessness. See II.B.8 for more information.
- Variations for these five populations are permissible but not required.

b. The CoC may not establish a separate access point and assessment process for veterans; however, a coordinated entry process may allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, including those funded by the CoC and ESG programs, provided that the method for doing so is in collaboration between those VA partners and the CoC and that the method is included in the CoC's Coordinated Entry policies and procedures and the written standards for the affected programs.

c. A CoC or recipient of federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.

d. If determined necessary, variations in access and assessment approaches for the five populations listed in paragraph (a) may be used to remove populationspecific barriers to accessing the coordinated entry process and to account for the different needs, vulnerabilities, and risk factors of the five populations in assessment processes and prioritization. Examples of variations could include the following:

- (1) A dedicated access point for unaccompanied youth that provides a safe and supportive youth environment and that is located in a space easily

accessible to and commonly frequented by youth to increase the likelihood that unaccompanied youth will access the coordinated entry process;

(2) An assessment tool used with unaccompanied youth that includes youth friendly

Language to elicit a comparable answer to a similar but different question asked of adults over the age of 24;

(3) Assessment scoring criteria that weight the risk of immediate harm higher for households with young children when prioritizing persons for housing and services than for households without minor children;

(4) Assessment locations and information systems for people fleeing domestic violence that may include separate but comparable processes and databases in order to provide safety, security, and confidentiality; or

(5) Assessment scoring criteria that weight a single event of homelessness higher for pregnant women or families with children from the ages of 0 to 5 when prioritizing persons for housing and services than for individuals or families with older children.

e. Variations in assessment locations and processes shall only be considered necessary for the five populations listed in paragraph a, if the CoC reasonably determines that the variations would facilitate access to the coordinated entry process and improve the quality of information gathered through the assessment.

f. CoCs must ensure that households who present at any access point, regardless of whether it is an access point dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household. Similarly, CoCs must ensure that households who are included in more than one of the five populations listed in paragraph a, e.g., a parenting unaccompanied youth who is fleeing domestic violence, can be served at all of the access points for which they qualify as a target population.

g. CoCs' written policies and procedures for coordinated entry must:

(1) Describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. Criteria must reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2. of this Notice. If the CoC is implementing different access points and assessment tools for the different populations listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population for whom different access points and assessment processes are used.

(2) The CoC must have written policies concerning data collected through the assessment as described in Section II.B.12 “Privacy Protections.” Additionally, data from the assessment may not be used to prioritize households for housing and services on a protected basis, such as on the basis of a diagnosis or particular disability. Note that determining eligibility is a different process than prioritization (see I.C.4.d for clarification).

3. Use of Standardized Prioritization in the Referral Process. The CoC must use the coordinated entry process to prioritize homeless persons within the CoC’s geographic area for referral to housing and services. The prioritization policies must be documented in Coordinated Entry policies and procedures and must be consistent with CoC and ESG written standards established under 24 CFR 576.400(e) and 24 CFR 578(a)(9). These policies and procedures must be made publicly available and must be applied consistently throughout the CoC areas for all populations.

The assessment process described in Section II.B.3., including information gathered from assessment tools, case workers, and others working with households, must provide sufficient information to make prioritization decisions. CoCs’ written policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance, with caveats made in II.B.7. The CoC should refer to Notice CPD-016-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, or any subsequent notices that update or replace CPD-016-11 for detailed guidance on prioritizing Permanent Supportive Housing (PSH) beds. The prioritization process may use any combination of the following factors:

- a. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
- b. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
- c. the extent to which people, especially youth and children, are unsheltered;
- d. vulnerability to illness or death;
- e. risk of continued homelessness;
- f. vulnerability to victimization, including physical assault, trafficking or sex work; or
- g. other factors determined by the community that are based on severity of needs.

These factors are intended to help identify and prioritize homeless persons within the geographic area for access to housing and services based on severity of needs. CoCs are prohibited from using any assessment tool or the prioritization process, including the factors listed in items a. through g. or any other factors adopted by the community, if it would discriminate based on race, color, religion, national origin, sex, age, familial status,

disability, type or amount of disability or disability-related services or supports required. In addition, CoCs are prohibited from discriminating based on actual or perceived sexual orientation, gender identity, or marital status.

Assessment tools might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions that address one or more of the factors discussed above. For these reasons, it is important that case workers and others working with households have the opportunity to provide additional information through case conferencing or another method of case worker input. It is important to note, however, that only information relevant to factors listed in the coordinated entry written policies and procedures may be used to make prioritization decisions, and must be consistent with written standards established under 24 CFR 576.400(e) and 24 CFR 578.7(a)(9).

A community-wide list generated during the prioritization process, referred to variously as a "By Name List," "Active List," or "Master List," is not required, but can help communities effectively manage an accountable and transparent referral process. If a community-wide list is used, CoCs must extend the same Homeless Management Information System (HMIS) data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards to "By Name List," "Active List," and "Master List" data. See III.E. for further recommendations on the maintenance of these lists.

In the event that two or more homeless households within the same geographic area are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, the CoC should refer the household that first presented for assistance in the next available unit. The CoC's written policies and procedures must also include a process by which individuals and families may appeal coordinated entry decisions.

4. Lowering Barriers. CoCs must maintain Coordinated Entry written standards that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

5. Marketing. CoCs' written policies and procedures for the coordinated entry process must:

- a. Include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

- b. Ensure that all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.
- c. Document steps taken to ensure effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.
- d. Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations.

6. Street Outreach. Street outreach efforts funded under ESG or the CoC program must be linked to the coordinated entry process. Written policies and procedures must describe a process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized processes as persons assessed through site-based access points. CoCs may decide whether to incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts.

7. Emergency services. The coordinated entry process must allow emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short term crisis residential programs, to operate with as few barriers to entry as possible. Additionally, persons must be able to access emergency services independent of the operating hours of the coordinated entry's intake and assessment processes. Written policies and procedures must:

- a. clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as PSH. If

emergency services are funded through the ESG Program, the project must follow the written standards required under 576.400(e)(3)(iv); and

- b. document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating and how they will be connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.

8. Homelessness prevention services. Persons must be able to access homelessness prevention services funded with ESG Program funds through the coordinated entry process. The coordinated entry process may include separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed, e.g. on-site at a courthouse or hospital, provided that the separate access point(s) meet all requirements in II.B.2 of this Notice. Written policies and procedures must describe the process by which persons will be prioritized for referrals to homelessness prevention services. To the extent that other homelessness prevention programs participate in the coordinated entry process, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.

9. Referrals to participating projects. The coordinated entry process must implement a uniform and coordinated referral process for all beds, units, and services available at participating projects. Written policies and procedures must document:

- a. the uniform referral process, including standardized criteria by which participating project may justify rejecting a referral; and
- b. in the rare instances of rejection, the protocol that participating projects must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.

10. Safety planning. The ESG and CoC program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault and stalking. The ESG rule does not require ESG-funded victim service providers to use the CoC's coordinated entry process, but allows them to do so. The CoC program rule does not require CoC-funded victim service providers to use the CoC's coordinated entry process, if they use an alternative coordinated entry for victim service providers in the area that meets HUD's minimum coordinated entry requirements. Finally, section 578.7(a)(8) of the CoC program rule requires the CoC to develop a specific coordinated entry policy to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

This Notice further establishes that the coordinated entry process must not jeopardize the safety of the individuals and families seeking assistance. The written policies and procedures for coordinated entry must include protocols that ensure at a minimum that people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.

11. Participant autonomy. The coordinated entry process must allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance. Written policies and procedures must specify the conditions for participants to maintain their place in coordinated entry prioritized list when the participant rejects options. See Section III.A .for further guidance on ensuring participant choice in the assessment and referral process.

12. Privacy protections. The coordinated entry process must ensure adequate privacy protections of all participant information.

a. CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.

b. Participants must also be free to decide what information they provide during the assessment process.

c. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.

d. CoCs are also prohibited from denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

e. Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Further, section 578.103(b) of the CoC program rule requires that records containing PII are kept secure and confidential and the address of any family violence project not be made public.

f. The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate

referrals. Further requirements on the collection of disability information for the purposes of prioritization is described in II.B.3(a) of this Notice.

g. Participants must be informed of the ability to file a nondiscrimination complaint.

13. Data security protections. When a community uses a system other than HMIS to record information from a coordinated entry process, it must meet HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD's HMIS Privacy and Security Notice or any future regulations that update the requirements therein. Communities that do use HMIS as part of their coordinated entry process should include specific policies and procedures to allow for participation by victim service providers that are prohibited by law from entering personally identifying information in HMIS.

14. Assessor training. The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments.

a. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations described in Section II.B.2

b. The protocols must include the requirements for prioritization and the criteria for uniform decision-making and referrals outlined in Section II of this Notice. CoCs must distribute training protocols and offer at least one training to all participating staff within 12 months of the publication of this Notice.

c. The CoC must update and distribute training protocols at least annually.

15. Ongoing planning and stakeholder consultation. The CoC must facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry.

a. CoCs must solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Solicitations must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households, and appropriate feedback methodologies include the following:

- i. Surveys designed to reach either the entire population or a representative sample of participating providers and households;
- ii. Focus groups of five or more participants that approximate the diversity of the participating providers and households; and
- iii. Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

CoCs may use any combination of these methods and must use the feedback that they receive to make necessary updates to their coordinated entry process written policies and procedures.

b. The participants selected by the CoC to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.

c. Written policies and procedures must describe the frequency and method by which the evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.

III. Additional Policy Considerations

In addition to the requirements established in Section II. of this Notice, HUD strongly encourages CoCs to include the following elements as part of their coordinated entry process. This section contains recommendations and not requirements.

A. Incorporating a Person-Centered Approach

Written policies and procedures should include the following 6 principles that reinforce a person-centered approach throughout the coordinated entry process and have been observed in successful implementations of coordinated entry.

1. *Person-centered assessments.* CoCs should include assessments into coordinated entry that are based in part on participants' strengths, goals, risks, and protective factors.
2. *Accessible tools and processes.* CoCs should include tools and processes into coordinated entry that are easily understood by participants being assessed and referred, in addition to using required accessible formats for persons with disabilities and the requirement in II.B.5(c) of this Notice.
3. *Sensitivity to lived experiences.* CoCs should include sensitivity to participants' lived experiences in every aspect of coordinated entry, including the development of assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.
4. *Participant choice.* CoCs should include participants' choices in coordinated entry process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals or families need.
5. *Clear referral expectations.* CoCs should include referral protocols into coordinated entry that ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.

6. *Commitment to referral success.* CoCs should include a commitment to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

B. Incorporating Cultural and Linguistic Competencies

All staff administering assessments should use culturally and linguistically competent practices, and CoCs are strongly encouraged to incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members.

Assessments should include culturally and linguistically competent questions for all persons that reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, and other first generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persons. HUD is encouraging CoCs to train participating projects that receive referrals in culturally and

⁴See the following materials to learn more about using culturally and linguistically competent practices:

<http://youth.gov/announcements/build-linguistic-and-cultural-competence-your-program>

<http://nccc.georgetown.edu/foundations/frameworks.html#ccdefinition>

<http://www.tapartnership.org/COP/CLC/>

⁵ Cultural competency and recovery within diverse populations; Ida, D. J, *Psychiatric Rehabilitation Journal*, Vol 31(1), 2007, 49-53.

linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible.

C. Assessment Tools and Processes

1. CoCs should develop or select standardized tools to facilitate their standardized assessment process that gather only the information necessary to determine the severity of need and eligibility for housing and related services, and that can provide meaningful recommendations to persons being assessed.

2. The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following:

- a. screening for diversion or prevention;
- b. assessing shelter and other emergency needs;
- c. identifying housing resources and barriers; and
- d. evaluating vulnerability to prioritize for assistance.

Assessments conducted in different phases should build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral. Once connected to housing and services, project staff may conduct more sophisticated assessments to evaluate a participant's need for specialized services or resources. The phased assessment process used during coordinated entry is not intended to replace those more specialized assessments but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

D. Incorporating Mainstream Services

The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement. Written policies and procedures should describe how each participating mainstream housing and service provider will participate, including, at a minimum, the process by which referrals will be made and received. Examples of mainstream housing and service providers include Public Housing Agencies; affordable housing operators; VA Medical Centers; public child welfare agencies; providers of mental, physical or behavioral health services; schools; early childhood care and education providers; out of school time providers; hospitals; correctional facilities; and workforce investment programs.

E. Using HMIS and Other Data Collection Systems

HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community's coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS. See requirements for data security for any system in II.B.12 of this Notice. Further, communities maintaining a "By-Name-List," "Active List," or "Master List" outside the HMIS infrastructure will necessarily be managing client-level data. These data contain personally identifiable information and have the potential to cause harm to clients if data were inappropriately disclosed or unintentionally breached. CoCs should identify and implement data handling protocols to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data.

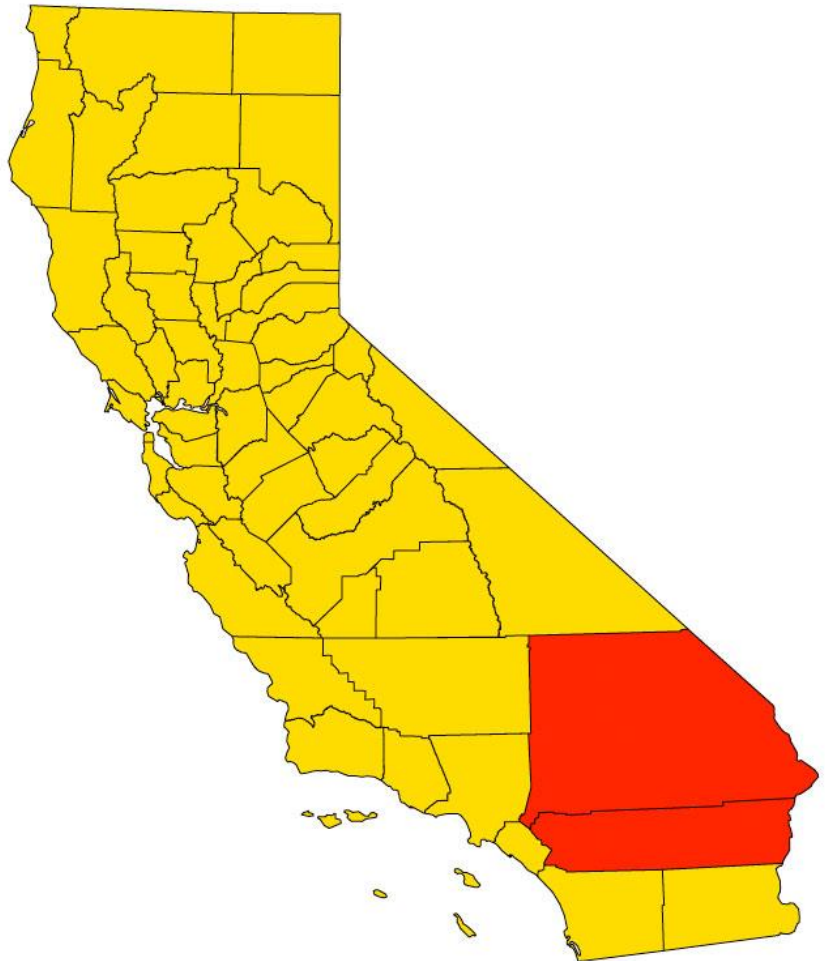
F. Addressing Waiting Lists

Prolonged stays on waiting lists for housing resources can have a negative impact on the wellbeing of participants and reduce the overall performance of a community's homeless assistance system. CoCs should keep the time spent on their single, prioritized list for housing resources at 60 days or less. If a community cannot offer a housing resource to every prioritized household experiencing homelessness in 60 days or less, then the CoC should tighten its prioritization standards in order to more precisely differentiate and identify for resources those households with the most needs and highest vulnerabilities. This will mean that CoCs will need to update their written standards appropriately and that some households that are eligible for homeless assistance will no longer be placed on a prioritized list for housing. In these instances, the CoC will need to develop strong relationships with providers of mainstream resources in order to offer these households as much assistance as possible to help resolve their homelessness outside of the dedicated homeless assistance system.

IV. Questions Regarding this Notice

Please submit questions regarding this Notice to HUD's Ask A Question at www.hudexchange.info/get-assistance/my-question.

Countywide Housing Identification and Placement (HIP) Team Referral Guidelines



Countywide Housing Identification and Placement Team Composition

The HIP includes representatives from the following organizations:

- County of San Bernardino Department of Behavioral Health
- Foothill Aids Project
- Inland Housing Solutions
- Knowledge & Education for Your Success (KEYS)
- Lighthouse Social Service Centers
- US Vets

Roles and Responsibilities

Once client is enrolled and assigned to Case Management through the Coordinated Entry System (CES), they can be referred to the Housing Search Team.

HIP Team Responsibilities:

The Countywide Housing and Search Team shall be responsible for (but not limited to) the following:

Landlord Recruitment and Retention Services

Identifying and building relationships with property owners and managers throughout the County to develop a variety of housing options for service-engaged households and establish a centralized platform for receiving vacancy updates and responding to landlord-tenant concerns as they arise.

Housing Search and Placement Services

Lead a multi-agency team of housing specialists with backgrounds in real estate and rental housing management to provide housing search and placement services to service-engaged households identified through the Coordinated Entry System and/or receiving permanent housing assistance (permanent supportive housing and/or rapid re-housing) from SBC CoC participating agencies, including all HUD CoC and ESG funded programs.

Coordination with Participating Service Agencies

Establishing collaborative partner agreements with participating agencies to deliver Memorandum of Understanding with agencies delineating requirements, roles and responsibilities for participation in the coordinated CES Housing Search and Stabilization Entity.

Collaborative Partner Agency (CPA) Responsibilities:

Receiving Housing Program shall be responsible for (but not limited to) the following:

Enrolling Participants in Permanent Housing Services

Enroll individuals and families assigned through the Coordinated Entry System into their permanent housing program, assist them with overcoming immediate barriers to obtaining stable housing, including bridge housing if needed, and connect them with the Housing Identification Team.

Housing Stabilization Case Management

Work in collaboration with the HSS Lead Agency and participant household to establish and implement a customized housing identification and stabilization plan. Assist household with direct services and linkage to mainstream resources and community-based services needed by household to achieve independent living and maintain long-term housing stability.

Tenant-based Rental Assistance

Ensure availability and timely access to funding to cover move-in costs, deposits, utilities and the rental subsidy assistance necessary to allow participant households to move immediately out of homelessness and to stabilize in permanent housing.

Move-In

If the homeless individual or family is accepted, the Receiving Program must document that acceptance in HMIS timely manner. If the client does not move-in as scheduled or within three (3) business days of the original move-in date, the Receiving Program will notify the Housing Coordinator with updates in the housing placement progress.

Referral Process To Housing Identification and Placement Team

- I. All Continuum of Care (CoC) and ESG funded agencies must be referred by the CES.
- II. The CES assigns eligible household to Collaborative Partner Agency (CPA) program.
- III. CPA enrolls household which includes
 - a. Completes agency intake and enrollment process
 - b. Identifies “bridge housing” options if needed, as available
 - c. Completes Universal Housing Needs Assessment
 - d. Completes Homeless Certification
 - e. Obtains Income Verification
- IV. CPA submits CPA Participant Housing Needs Assessment to HIP Team
 - a. The preferred method is that CPAs posts the Housing Needs Assessment, Homeless Certification and Income Verification to participant’s HMIS file.
 - i. Can also be sent directly by email or fax if this not practical.

- b. The CPA notifies HIP Team via email regarding new prospective tenant referral.
- V. HIP Team contacts the CPA Point of Contact for new participant within 1 business day to agree on housing identification and placement strategy for participant, including:
 - i. Identify participant's housing needs, preferences, barriers and financial resources
 - ii. Agree to communication/coordination protocols between HIP Team and CPA
 - iii. Agree to timeframe for search strategy and follow-up with identified targets
- a. The HIP Team performs customized Housing Search for unit(s) in target communities meeting CPA specifications, utilizing:
 - iv. Target units and/or locations in Countywide database
 - v. Target units and/or locations identified by Countywide Housing Search Team
 - vi. Target units and/or locations identified by participant
- VI. Contact made with target landlords
 - a. If new landlord, HIP Team makes initial contact (introduce general program concepts, provide Landlord Packet, review prospective tenant profile, review CPA program and lease up process, etc.) .
 - i. If willing to become a partner, HIP Team enters the prospective landlord or property management organization into the Customer Relations Management system, secures the Landlord Participation Agreement and Applicant Screening concessions as appropriate.
 - b. If currently participating landlord, HIP Team makes personal introduction for CPA's or provides contact information to CPA who makes initial contact to pitch prospective applicant depending on:
 - i. landlord and CPA circumstances and/or
 - ii. whether CPA agrees to Countywide Housing Navigation Team guidelines
 - c. Arrangements made for participant to view unit, as appropriate, with the following preliminary steps:
 - i. Participant tours neighborhood
 - ii. Participant completes rental application, in advance of viewing (submits ahead of time or brings to viewing), if appropriate.

- iii. Participant views unit with CPA (or HIP Team when necessary)
 - 1. Some participants may be capable of viewing on their own, when appropriate, in coordination and communication with HIP Team
- VII. Participant accepted by landlord for unit (*participant does not sign lease at this stage*)
 - a. Next steps in lease-up process identified for landlord
 - b. Landlord completes paperwork required for CPA “Request for Tenancy Approval” process with assistance from CPA and/or HIP Team to ensure accuracy
 - c. HQS or other appropriate inspection and rent reasonableness review conducted within 72 hours
 - i. HIP Team and CPA negotiate inspection and/or rent reasonable issues as identified.
- VIII. Rental Agreement approved for participant move-in
 - a. CPA completes rent subsidy agreement with landlord
 - b. Participant signs rental agreement
 - c. All parties sign Landlord-Tenant-Case Manager Communications Agreement
 - d. Deposit payment provided to landlord immediately unless other payment arrangements agreed to in writing
 - e. First month’s rent provided to landlord immediately unless other payment arrangements agreed to in writing (no later than 7 days from lease signing)
- IX. Participant takes possession of unit
 - a. CPA assists participant with move-in arrangements and utility start-up
 - b. Participant provided with keys to unit on initial lease start date
- X. Follow-Up / Response To Tenancy Issues
 - a. Follow up is conducted for at least 9 months by CPA and HIP Squad in accordance with the Countywide Housing Identification and Placement Team Partnership Agreement.

INLAND HOUSING SOLUTIONS
Housing Identification & Placement – HIP Squad

CPA Participant Housing Needs Assessment

Today's Date: _____ Participant HMIS ID#: _____
 Partner Agency _____ Phone #: _____
 Case Worker/Contact Person _____ E-mail: _____
 Enrollment Date: _____

Permanent Housing Program Type:

- ☐ a. CoC PSH ☐ b. CoC RRH ☐ c. ESG RRH ☐ d. HUD VASH
☐ e. VA SSVF ☐ f. CalWorks HSP ☐ g. CalWorks FSP ☐ h. other _____

Participant Household Information:

Head of Household Full Name _____ Gender ☐ M ☐ F
 Contact Phone # _____ E-mail address _____
 Household status: _____ # in family _____ # of adults _____ # of children under 18 Ages of children: _____
 Any pets? ☐ Yes ☐ No If yes, what type/how many? _____

Current Living Situation:

- ☐ A. Unsheltered ☐ B. Bridge Housing/Shelter ☐ C. Bridge Housing/Motel Voucher
☐ D. Hotel/Motel by household ☐ E. temporarily w/family-friends ☐ F. Fleeing domestic violence/abuse
☐ G. Exiting institution ☐ H. Other: _____

Does participant have a valid form of ID? ☐ Yes ☐ No Does participant have a vehicle/transportation? ☐ Yes ☐ No

Monthly Household Income \$ _____

Source of Income (check all that apply)

- ☐ a. Employment ☐ b. Cash Aid ☐ c. Cal Fresh ☐ d. Child/Spousal Support
☐ e. Unemployment ☐ f. Social Security ☐ g. Disability ☐ h. Veterans Benefits
☐ i. Other _____

How would participant rate their credit history? ☐ Good ☐ Fair ☐ Poor ☐ No credit history

Housing History and Preferences:

Does participant have rental evictions on their record? ☐ Yes ☐ No If yes, how many/what year(s)? _____
 City/Community(s) where participant is seeking to live? _____
 Does participant have any disabling conditions that require a "reasonable accommodation"? ☐ Yes ☐ No
 If yes to either, please describe accommodation: _____
 Does participant smoke? ☐ Yes ☐ No Does participant have any felony convictions? ☐ Yes ☐ No
 If yes to felonies, please identify year and type? _____
 Is participant open to sharing an apartment with another individual or a shared housing environment? ☐ Yes ☐ No

Subpopulations/Vulnerabilities: (check all that apply)

- ☐ a. Chronically Homeless ☐ b. Veteran ☐ c. Mental Health condition
☐ d. Transitional Aged Youth ☐ e. Senior (62+) ☐ f. Chronic Health condition
☐ g. Alcohol/Drug Abuse issues ☐ h. Living w-HIV/AIDS ☐ i. On Parole or Probation
☐ j. Physically disabled ☐ k. Domestic Violence/Abuse ☐ l. Currently Pregnant
☐ m. Single parent w/children under 18 ☐ n. Other _____

Please provide any additional comments or information that might be relevant to identifying permanent housing options for this participant.

For Internal Use - HIP Squad Assignment:

Initial Contact Date: _____

Housing Specialist Assigned: _____

Appointment Scheduled: _____

